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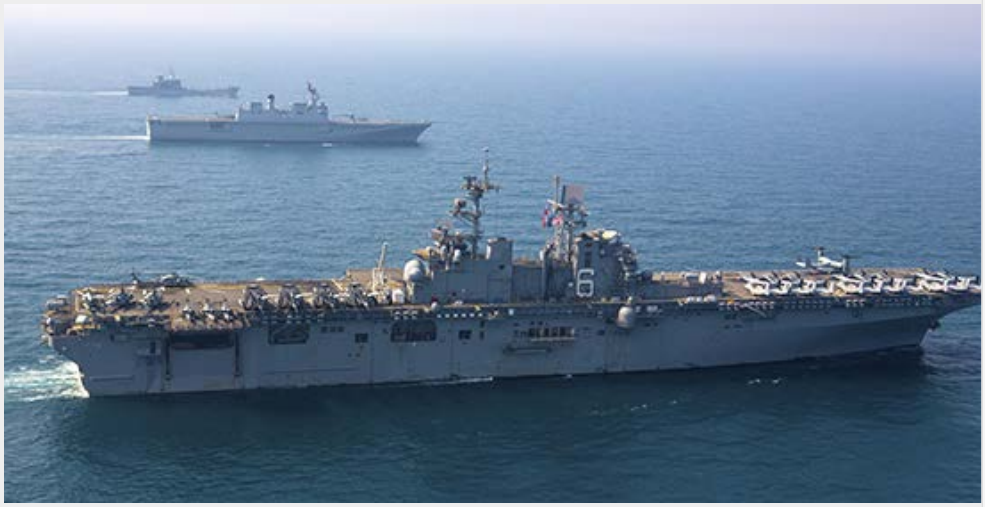
Embedded Psychology with the 31st Marine Expeditionary Unit

Filed under FLEET AND THE FLEET MARINE FORCE, MENTAL HEALTH [NO COMMENTS]

By Lt. Luis Concepcion, OSCAR Psychologist, 3rd Marine Division



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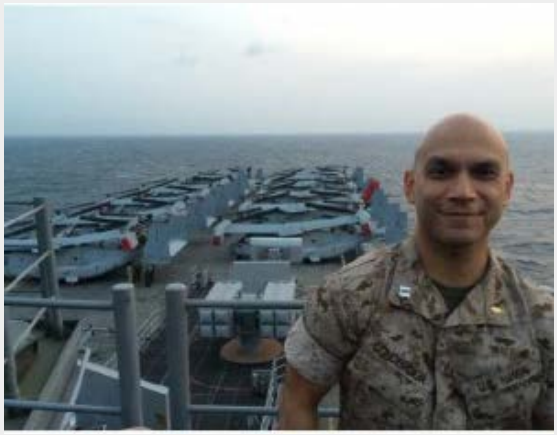
Work as a Navy psychologist is never dull and there are assignments which can challenge and fulfill you professionally.

One such challenge was meeting the mission on a MEU. Officially I was the first greenside psychologist assigned to the 31st Marine Expeditionary Unit (MEU), a Marine Air-Ground Task Force specializing in amphibious operations in the Asia-Pacific region, during their spring 2014 float to South Korea. Unofficially, I was the only psychologist for the 31st MEU and the Amphibious Readiness Group (ARG), including the crews, blueside and greenside, of the USS Bonhomme Richard (BHR), the USS Ashland, and the



Cooperation of the various commands was the key to mission success.

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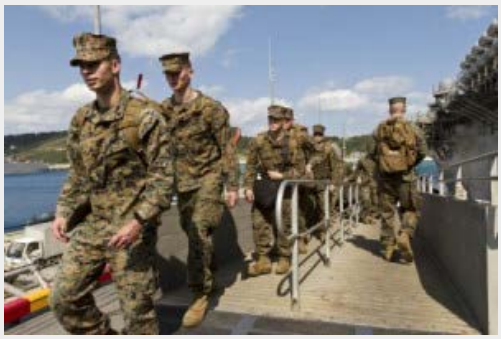
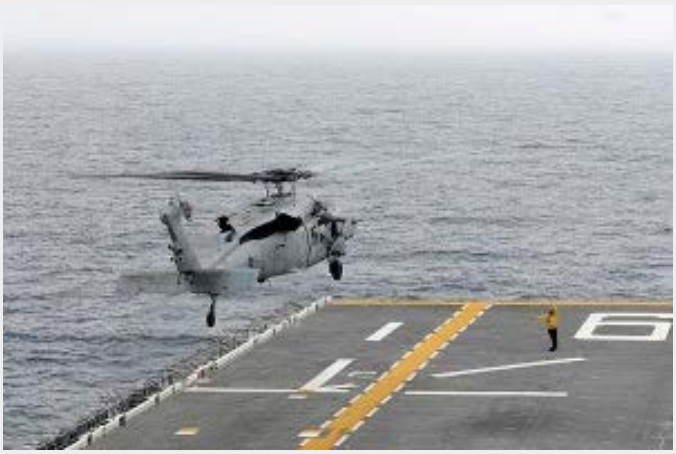
USS Denver, roughly totaling six-thousand active duty service members.

The BHR CO, XO, and Senior Medical Officer did not have advance notice of my presence; they had heard that the greenside brought along a psychologist the first day of the float. To increase my "opportunities" to problem solve, no office space had been designated, there was no available Psych Tech onboard, I had no computer access, and no process for referring patients had been established. The first few days were full of "opportunities."



Unfortunately, due to the short-fused nature of my orders, I was unable to screen everyone.

My TAD orders arrived approximately six weeks before the float, and during that time I quickly initiated a mental health screening process for patients from MEU commands not usually covered under the Okinawa 3rd Marine Division's Operational Stress Control and Readiness (OSCAR) team—my permanent duty station. Preventing greenside medical evacuations during the deployment for mental health reasons was my goal. The Command Logistics Battalion (CLB), Aviation Combat Element (ACE), and Battalion Landing Team (BLT) also needed pre-deployment evaluations so within days of reporting to the MEU, calls and emails streamed in for evaluations of a variety of mental health issues, many of them chronic and serious. Although no process had previously existed for referring patients, my presence became known quickly, and the work flowed-in. Unfortunately, due to the short-fused nature of my orders, I was unable to screen everyone, but those deemed unable to deploy were left off of the deployment in order to receive appropriate treatment or administrative action.



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Cooperation of the various commands was the key to mission success. Getting "buy in" from the various commands took time and evolved throughout the deployment. At times Marine commands argued in favor of deploying the Marines that they were particularly concerned about in order to "keep an eye on them," instead of sending them to the rear or to a medical command. Marines have a tendency to want to take care of their own and could be hesitant to leave Marines behind who needed help. Fortunately I was able to work with the commanders and was successful in preventing Marines who needed treatment from deploying.

I grew more conscious of the importance of developing close relationships with the various commands with each passing day. While onboard the BHR I conducted two Professional Military Education (PME) Trainings with the Chief's Mess (about fifty total) and about

twenty USMC Staff NCOs. Cooperation from middle management was never wholehearted, despite the strong support of the MEU Commanding Officer. Ultimately, frank face-to-face meetings with the various command staffs and enlisted leadership proved invaluable in building their trust in my skills, my judgment, and my value as a force multiplier.

The results of the mental health screenings and evaluations were apparent within the first week of the float. Most of the service members with significant problems were those who were not screened prior to the deployment, reinforcing the success and importance of the screening initiative. Meetings with the blueside commanding officer, executive officer, and command master chief were frequent, and I was spending my time in meetings, conferring with patients' commands, and on paperwork. My inner battery was fading, luckily with just a few weeks left before homeport. Nevertheless, where previously there had been no established structure for this type of mental health engagement, I was now fully embedded in the commands, extremely busy with frequent consultations, and familiar with all the players I needed to know to get things done.

Despite the workload I was able to qualify for the Fleet Marine Force (FMF) pin, spend a few days in the field (Pohang, South Korea), and experience a large amphibious assault exercise. The deployment was unforgettable and I walked away with new knowledge and skills, and with one overarching insight. The experiment answered the question, "What is the most important job of a forward deployed mental health provider?" Screening!

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